

Welcome to Community Health Plan



Welcome to Community Health Plan, a managed care plan that gives you access to high quality medical care in your neighborhood.

You will need to show the **Community Health Plan ID card (enclosed)** and your DSHS Services card each time you get medical care. That includes medical visits, specialist visits, mental health visits, hospital visits, and pharmacy prescriptions.

A summary of your benefits is enclosed in this envelope.

You can get a complete description of your benefits and information about your health plan:

- To ask for a printed *GA-U Medical Benefits Summary*, call Customer Service at the number below.
- Ask for a copy of the printed *GA-U Medical Benefits Summary* when you visit your Community Service Office or clinic.
- To read about your plan online or download information, see the *GA-U Medical Benefits Summary* at www.chpw.org/en/member/docs/index.php.

If you have questions, please call the **Community Health Plan customer service team** at 1-800-440-1561, Monday through Friday, from 8:00 a.m. to 5:00 p.m. If you are hearing or speech impaired, call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

You can also call the free **Nurse Advice Line** to get health care information 24 hours a day, 7 days a week. To speak to a nurse, call toll free 1-866-418-1002 (voice) or 1-866-418-1006 (TTY for speech or hearing impaired).

To see a list of primary care providers (PCPs) you can choose or pharmacies in the Community Health Plan network:

- Contact the Community Health Plan customer service team at the number above.
- See your *2010 Community Health Plan Provider and Pharmacy Directory*. (To get a printed directory, ask your clinic or CSO or contact Community Health Plan customer service at the number above.)
- Visit the Provider Directory Search online at www.chpw.org/en/provdir/search.php.

See the Community Health Plan Web Site

To see and download information about the following topics, visit the *GA-U Medical Benefits Summary* on our web site, www.chpw.org/en/member/docs/index.php:

- Benefits and services included in and excluded from coverage.
- How to get primary care services, including where to get services.
- How to get specialty care and behavioral health services and hospital services.
- How to get care after normal office hours.
- How to get emergency care, including our policy on when to directly access emergency care or use 911 services.
- How to get information about network providers, including professional qualifications of primary care and specialty care providers.
- Benefit restrictions on services you get outside our system or service area.
- How to get care and coverage when you are outside our service area.
- Copayments and other charges to you, if any.
- How to submit a claim for covered services, if needed.
- Our statement of your rights and responsibilities.
- Our confidentiality policies, including:
 - What a “routine consent” is and how it allows us to use and disclose information about you
 - How we use authorizations and your right to approve the release of personal health information (PHI) not covered by the “routine consent.”
 - How to request restrictions on the use or disclosure of PHI, amendments to PHI, access to your PHI or an accounting of disclosures of PHI.
 - Our commitment to protect your privacy in all settings.
 - Our policy on sharing PHI with plan sponsors and employers.
- Our policy against financial incentives for utilization management decision-makers.
- Pharmaceutical management procedures.
- How we evaluate new technology to include it as a covered benefit.
- Our Quality Improvement Program, including goals, processes, and outcomes as related to care and service.
- Our Case Management Program and how to refer yourself to the program.
- Our Disease Management Program and how to refer yourself to the program.
- How to contact staff if you have questions about the utilization management process.
- The toll-free number to call to contact staff about utilization management issues.
- The independent external appeals process for our utilization management decisions.
- How to voice a complaint.
- How to appeal a decision that adversely affects coverage, benefits, or your relationship with Community Health Plan.

If you have questions about how to access the web site or if you want paper copies or more information about these items, please call **Community Health Plan customer service** at 1-800-440-1561, Monday through Friday, from 8 a.m. to 5 p.m. If you are hearing or speech impaired, call TTY 1-866-816-2479 (toll free) or local 206-613-8875.